

application if needed.)

State of Connecticut Department of Banking CONSUMER CREDIT DIVISION



260 Constitution Plaza, Hartford, CT 06103

APPLICATION FOR A FIRST MORTGAGE LENDER/BROKER, CORRESPONDENT LENDER/BROKER OR BROKER ONLY LICENSE

Application is hereby made for a license under Chapter 668 Part I(A) of the Connecticut General Statutes.

1. In what capacity does Applicant engage in the first mortgage business? (Please check appropriate box)

	Lender/Broker	Correspondent L	ender/Broker	Broker only			
	Name of Applicant:(Complete name under which business is conducted)						
	D/B/A Name (If applicable)						
	2a. Telephone No.: 2b. Fax No:						
	2c. E-mail Address:						
	Location of office to be licensed under this application:						
	(Number and Street)	(City)	(State)	(Zip Code)			
	Mailing address if different from location of office to be licensed:						
	(Number and Street)	(City)	(State)	(Zip Code)			
	3a. Name and address of home office or parent company if Applicant is operated as a branch or subsidiary:						
	(Name)						
	(Number and Street)	(City)	(State) (Zip (Code) (Phone Number)			
	Is the Applicant presently engaged in the (a) Date business commenced:(b) States in which Applicant operates:			<u> </u>			
	Form of organization:						
	(Sole Proprietorship, Partnership, Corporation, Limited Liability Company ("LLC"), etc.) If incorporated, State and date of incorporation. If an LLC, the State and date of formation of the LLC:						
	a. Federal Employer Identification Num	nber:	(Date)				
			(Date)				
	a. Federal Employer Identification Num	cial Security Account Number:ox is not acceptable) of the owne	er or partners. In the case of a	a corporation, association or			

8.	Full given name and residence of person with supervisory authority over lending or brokerage activities at the office to be licensed under this application. This person must be located on-site.							
	Full Given Name	Number and Street	City	State	Date of Birth			
	of employment;	gical listing of experience in the mo name and address of employer, po EAN ATTACHMENT TO THE APPLICA	sition title and a					
9.	Has the Applicant or any employee, officer, director, sales agent, loan originator or similar person, whether an independent contractor or not:							
	(a) ever been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)? Yes \[\bigcup \ No \[\bigcup \]							
	(b) ever been the subject of actions (cease and desist orders, consent orders, injunctions, license suspensions or revocations, etc.) by any regulatory agency? Yes No							
	(c) ever been refused any license (except motor vehicle operator) by the Department of Banking or any other governmental agency or had such an application ever been withdrawn? Yes No							
	(d) ever been a defendant in any litigation of any type (including suits under the State or Federal Truth in Lending Act) filed agains the Applicant or any employee, officer or director thereof, in connection with the granting or brokering of mortgage loans? Yes No							
	If the answer to any of the foregoing is yes, explain the circumstances fully using additional sheets if necessary.							
10.	If records required by statute are not maintained at the licensed address, at what address(es) can they be examined?							
11.	If the Applicant is a corporation, full given name and residential address (P.O. Box is not acceptable) of any stockholder owning 10% or more of the outstanding stock in the corporation. If the Applicant is a partnership or an LLC, full given name, residential address and list the percentage of ownership of each partner or member. If any such stockholder is a corporation, on a separate sheet please provide a list of the principal officers and all directors of such corporation together with the title, residential address and date of birth of each principal officer and director.							
	FULL GIVEN NAME	NUMBER AND STREET	C	TITY/STATE	% OF OWNERSHIP			
12.	Is the Applicant a subsidiary, direct or indirect, of a banking corporation, a savings bank or a savings and loan association, or a subsidiary of a holding company of such institutions: Yes No If yes, provide details using additional sheets as necessary.							
13.	Does applicant use or employ loan originators at this location? Yes No If yes, please submit the enclosed "Application for Registration of Loan Originators." Please read instructions carefully.							
		SIGNATURE	OF APPLIC	<u>ANT</u>				
By:					0.7014			
		ignature		Print Na	ame & Title			
co								
		day of		, 20	_,			
per	sonally appeared	(Name and '						
		me to be the signer of the foregoing e contents thereof, and that the alleg	instrument, who b					
(No	otary Public) or (Commis	ssioner of Superior Court)		(Commission Expiration Date)				

NOTE: If the Applicant is a corporation or association, this instrument must be signed by the President, Vice President or Secretary of the Applicant. If the Applicant is a partnership or LLC, this instrument must be signed by a general partner or member who is duly authorized to execute on behalf of the partnership or LLC, contracts, deeds and other instruments under seal.

Revised 9/05